

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States of  
America, et al.,

Defendants.

NO.

DECLARATION OF N.M.

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ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, N.M., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I live in Seattle, Washington with my husband and child. My husband and I are  
5 cisgender.

6 3. Our child, who I will refer to as Child L because I am fearful for her safety in our  
7 hostile environment, was designated male gender at birth, but uses she/her pronouns. She is six  
8 and a half years old. She let us know a little less than a year ago that she wanted to use she/her  
9 pronouns.

10 4. Child L talks both about being a boy and a girl. She is neurodivergent and has a  
11 nervous system disability and developmental delays. Child L is sheltered right now, and our  
12 therapist says that this is good given the current political climate.

13 5. Child L first began struggling when she started school. The expectations began  
14 to rise at preschool, in preparation of kindergarten. Our daughter started having meltdowns and  
15 behavioral difficulties, and was exhausted and very anxious about school environments. Her  
16 primary care doctor saw a meltdown and said that our daughter needed more support. Our doctor  
17 recommended finding a therapist experienced with neurodivergence to support our family.

18 6. Her father and I started seeing a therapist 18 months ago, right before Child L  
19 started kindergarten. Sometimes Child L meets with our therapist.

20 7. At the start of kindergarten, Child L was still using he/him pronouns. At  
21 Halloween, she dressed as the character Isabela from the Disney movie *Encanto*; after that, kids  
22 and staff were using a mix of pronouns. Last February, she said she wanted to use she/her  
23 pronouns. We informed the school and hoped that this change would make school more  
24 accessible, since we had noticed L was using all her energy to function at school, and then she'd  
25 be a zombie at home. She did not want to be read to, and had tons of nervous energy. After  
26 working with numerous educational and medical supports, we ultimately determined that

1 homeschooling was the only way to provide an environment where Child L could feel safe  
2 enough to learn.

3 8. At this age, gender-affirming care has consisted of ensuring that all medical  
4 providers and care providers are aware of and use Child L's pronouns and following therapeutic  
5 recommendations regarding discussion of gender. These may seem minor, but for a child like  
6 Child L who requires much more medical care than the average child her age, these interactions  
7 happen frequently. When providers and relatives first began using she/her pronouns, Child L lit  
8 up and was able to trust those people much more. Over the last year, between homeschooling  
9 and gender affirmation, we've seen a big change in Child L, as she has become more comfortable  
10 being herself. She is now once again a curious and sweet child who loves to read and play games  
11 and learn about her favorite topics in science.

12 9. In late January 2025, I became aware of an Executive Order putting conditions  
13 on gender-affirming care for youth. This Executive Order, in prohibiting gender-affirming care  
14 and characterizing it as "mutilation" terrifies me. What worries me most immediately about  
15 access to gender-affirming care is not having access to puberty blockers in the future. Child L  
16 talks a lot about voices, how they sound, what she likes/dislikes, and how she hopes her voice  
17 sounds "like mama's voice, not like papa's voice" when she's grown up. Sometimes Child L  
18 expresses a lot of distress at the thought of a deep male-sounding voice. You can't change a  
19 voice that has already changed through puberty, and I fear that without access to puberty blockers  
20 and hormone therapy, we will not be able to take the time to address this distress or to be able to  
21 follow the standard of care for gender-diverse children. She's so young that we haven't been  
22 able to access speaking with providers about gender-affirming care, but knowing it might go  
23 away worries me. We don't yet know what to consider, but we do know that we want any  
24 decisions impacting Child L's health to be made between our family and licensed medical  
25 providers based on the best available evidence-based recommendations at the time.  
26

1           10.     Furthermore, the characterization of widely accepted healthcare as “mutilation”  
 2 concerns me because it could have far-reaching impacts on families like ours, especially since  
 3 the executive order also references custody laws and parental kidnapping. I fear that the simple  
 4 act of asking providers to respect our child’s request regarding pronouns, or expressing concern  
 5 about our child’s distress around puberty, could trigger the government to remove Child L from  
 6 our custody or prevent us from moving to access healthcare or support for our child.

7           11.     The benefits of Child L being considered as she/her are many. She isn’t having  
 8 to make her way in the world in a way that is inauthentic and is able to receive the message loud  
 9 and clear that she is loved as she is. Child L is extremely sensitive, and she internalizes so much.  
 10 Having Child L be able to love herself, I see how quickly that can shift were things to change.  
 11 We’ve already seen some of that as we watched the light leave our child over the course of a  
 12 school year where she was trying to be who she felt she needed to be to function in an  
 13 environment that wasn’t made for the way her brain worked. School was killing Child L. It was  
 14 killing us too—we spent so much energy trying to get people to see Child L how she is, trying  
 15 to gain accommodations that would allow Child L to access her education, and it wasn’t working.  
 16 We didn’t realize until months later how much it was impacting our family because at the time  
 17 we were just trying to survive.

18           12.     The strain of trying to gain access to education for our child worsened my own  
 19 health issues to the point that I am currently unable to work. It gave me a taste of what things  
 20 would be like if or when we run into healthcare challenges for Child L. I don’t know if our family  
 21 can hide Child L’s needs. We might not survive it. As a Jewish family, we’re also hyper-aware  
 22 of the way this type of rhetoric can begin with a narrow scope and then expand to even more  
 23 horrific consequences. I’ve tried not to go down that road, asking what-if, but I think there’s a  
 24 very real threat to our physical and mental safety if we have to fight to find healthcare for  
 25 Child L. I’ve already seen the very real impact on my family of fighting for access to education.  
 26

1 We have resources, but we already spend thousands of dollars a year on healthcare. We don't  
 2 have the ability to leave the country for gender-affirming care.

3 13. If the restrictions for transgender people expanded to professionals being forced  
 4 to use pronouns that don't align with a child's sex assigned at birth, it would be hard for Child L  
 5 to get any healthcare. Transgender people and disabled people are already cautious and wary of  
 6 major institutions. Having to deal with healthcare is hard enough, but feeling marginalized in the  
 7 process makes it worse. While the consideration of gender-affirming care like puberty blockers  
 8 or hormones is far off for Child L for now, gender-affirming care also includes respecting  
 9 requests around pronoun use and allowing children to show up dressed as they are and embracing  
 10 that child's identity in however a provider is working with that child. I worry about an  
 11 environment where you don't know if the person you're seeing is "safe" (will they fill a  
 12 prescription, use requested pronouns etc.). If "gender-affirming" care is illegal, will there be  
 13 providers reporting that we are abusive if we advocate for using our child's pronouns or if we  
 14 express that we're concerned about the impact of puberty on our child's mental health? I fear  
 15 even mentioning Child L's need for gender-affirming care.

16 14. My greatest fear is what if something happened to her father and me, or if we  
 17 were accused of harming Child L for honoring her wishes, and we couldn't care for Child L. Her  
 18 needs are very different from other kids. It's hard for Child L to even spend a lot of time with  
 19 her grandparent, who are extremely supportive. If something were to happen to us and the  
 20 government put her with others, it would cause irreversible harm to our entire family and others  
 21 like us.  
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1 I declare under penalty of perjury under the laws of the State of Washington and the  
2 United States of America that the foregoing is true and correct.

3 DATED this 3 day of February 2025 at Seattle, Washington.

4 

5 N.M.  
6 Parent of Child L